

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34791

State File No. _____

FILED OCT 20 1943 32

Registration District No. _____

Primary Registration District No. 3021

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Grundy County
(b) City or town Trenton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wrights Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two days
In this community two days
(Specify whether years, months or days)

3. (a) PRINT
FULL NAMEPearl Lindsey3. (b) If veteran,
name war. No3. (c) Social Security
No. No4. Sex female 5. Color or white 6. (a) Single, widowed, married
race white 2 divorced widowed6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased. Sept 16 1893 (Month) (Day) (Year)8. AGE: Years Months Days If less than one day
49 11 23 hr. min.9. Birthplace Princeton, Mo. Mercer Co.
(City, town, or county) (State or foreign country)10. Usual occupation Tailor11. Industry or business Tailor shop12. Name Geo. W. Ray13. Birthplace Tenn.
(City, town, or county) (State or foreign country)14. Maiden name King15. Birthplace Ohio
(City, town, or county) (State or foreign country)16. (a) Informant Mrs Mable Moore(b) Address Princeton, MO.17. (a) Burial (b) Date thereof. Sept. 12 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Princeton cemetery18. (a) Signature of funeral director Paul Gross(b) Address Princeton, Mo.19. (a) 9-10-43 (b) L. S. Roberts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer
(c) City or town Princeton
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9
year 1943 hour 6 minute 40 M.21. I hereby certify that I attended the deceased from Sept 7 1943 to Sept 9 1943
that I last saw her alive on Sept 9 1943
and that death occurred on the date and hour stated above.Immediate cause of death Personing from
overdose of
Barbiturate
Due to ✓
Due to ✓Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0/25

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? ✓ (Specify type of place) (c) Means of injury ✓23. Signature Dr. Rooks (M. D. or other) ✓Address 903 Main Trenton Mo. Date signed 9-9-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2634

P. O. Address Quinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 102 Primary Registration District No. 3021 Registrar's No. 124

1. PLACE OF DEATH

- (a) County Grundy
(b) City or town Stenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether

In this community
years, months or days)

3. (a) PRINT
FULL NAME

Reuel Lindsey

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex M
5. Color or
race W

6. (b) Name of husband or wife.

6. (c) Age of husband or wife if
alive. Years

7. Birth date of deceased. Sept 16 1885
(Month) (Day) (Year)

8. AGE: Years 44 Months 11 Days 1 min.
If less than one day

9. Birthplace. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

12. Name.

13. Birthplace. (City, town, or county) (State or foreign country)

14. Maiden name.

15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant.

(b) Address.

17. (a) (Burial, cremation, or removal) (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address.

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. (b) County.

(c) City or town. (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1943 hour 10 minute 00 M.

21. I hereby certify that I attended the deceased from _____, 19____;

that I last saw him/her alive on _____, 19____;

and that death occurred on the date and hour stated above.
Immediate cause of death. Poisoning from
overdose of
barbiturates

Duration

Due to.

Due to.

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations.

Of autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident - Known

(b) Date of occurrence.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.

23. Signature Doc Rooks (M. D. or other)

Address Stenton Mo Date signed 10/24/43

SUPPLEMENTARY

MOTHER, FATHER

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